INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAIʻI AT MĀNOA
2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 • Fax: (808) 956-5076
Website: www.hawaii.edu/issmanoa

TRAVEL AUTHORIZATION AND DOCUMENT REQUEST

This form should be completed prior to traveling abroad. You may wish to see an ISS advisor when travel abroad also involves 1) Plans to study or do research abroad while enrolled, or 2) travel to several nations and/or need to extend your student visa.

Name: _____ **UH ID #:** _____
Family (Last) Name Given (First) Name 8 digit number on your MyUH Profile

Date of Birth: _____ **Tel #:** _____ **E-Mail:** _____@hawaii.edu
mm/dd/yy

Traveling To: _____ _____ _____
Destination Departure Date Return Date

NOTE: You will require a valid passport, visa and I-20/DS-2019 endorsed for travel, to re-enter the U.S.

I am requesting:

☐ Travel Signature on attached original I-20/DS 2019 (allow 3 days)

- Attach I-20s or DS 2019 forms for family members traveling abroad

☐ NEW I-20 for: (circle one) Student / Dependents / Both (allow 3 days)

☐ Original I-20 was lost

☐ Replace damaged I-20

☐ Needs new travel signature page 3

***If full-time enrolled while abroad: complete '<u>Certificate of Students Academic Status When Enrolled While Abroad</u>' (found on the reverse of this form).**

<u>OFFICE USE ONLY</u>

ISS Receive Date: _____ Completion Date: _____ DSO: _____ Passport Validation _____

Link____ Active____ End Date____ Address____ FT/PT Approved____ Major____ OPT Docs____ RTI____

Remarks_____

Updated: August 9, 2012

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Certification of Academic Status When Enrolled at UHM While Abroad

International students should complete this form prior to leaving the US for a study abroad program or to carry out graduate research abroad, if they will remain enrolled full time at UHM and wish to retain an active F-1 visa status.

Name: _____ UH ID #: _____
LAST First 8 digit number on MyUH profile

Date of Birth: _____
mm/dd/yyyy

Proposed Study/Research Abroad Plan: (check the appropriate box)

- ☐ UHM Study Abroad program
- ☐ Other study abroad program (not organized by UHM Study Abroad Center)
- ☐ Graduate research abroad

Academic Adviser's and Student's Certification

This is to certify that the above student:

- Is approved to study or research abroad for _____ months
- Will remain enrolled in the following UHM courses while abroad :

Fall 201___ : _____
Spring 201___ : _____
Summer 201___ : _____

Details/plans for short visits to Hawaii during research abroad: _____
_____
_____
_____
_____

Academic Adviser Signature: _____

Print Name: _____ Phone: _____ Date: _____

I intend to enroll as noted above. I will inform the ISS if my plans change. I wish to maintain an active SEVIS record while abroad. I understand that to remain active in SEVIS I must maintain a US address in MyUH. I understand SEVIS will reject a foreign address entered as "mailing address" in MyUH. Furthermore, I understand how to update my mailing address in MyUH. I understand I may use a UH departmental or the ISS address in the case I am not maintaining a Hawaii residence during my absence.

Student Signature: _____ Date: _____